

FOR OFFICE USE ONLY

Application Filed _____
Application Accepted _____
Clock No. _____

EMPLOYMENT APPLICATION

(If applicant is employed this becomes a permanent record as some of this information may be wanted for Unemployment Insurance and Old Age Pension records.)

FOR OFFICE USE ONLY

Dept. _____
Occupation _____
Rate _____

PRINT NAME IN FULL

SMERCYZANSKI

TSUYAKO

SUSAN

PHONE

ADDRESS

CITY

STATE

IF MARRIED - GIVE WIFE OR HUSBAND'S FULL NAME

SMERCYZANSKI

EDMUND

PAUL

SOCIAL SECURITY ACCOUNT NO.

REGISTERED FOR DRAFT?

PRESENT DRAFT CLASSIFICATION

YOUR DRAFT SERIAL NO.

NO. OF YOUR DRAFT BOARD

LOCATED AT CITY

STATE

MALE

FEMALE

MARRIED

SINGLE

WIDOW(ER)

DIVORCED

CHILDREN

AGE 20

DATE OF BIRTH

WEIGHT 110

HEIGHT 5'2"

HEALTH GOOD

OWN HOME

LIVE WITH PARENTS

ROOM

YEARS IN COUNTY 5 DAYS
YEARS IN STATE 5 DAYS

DEPENDENTS NONE

EDUCATION

4 YEARS

HIGH

SCHOOL

TYPE OF WORK DESIRED

SALES LADY

WAGES EXPECTED

TRADE OR OCCUPATION

SALES LADY

APPRENTICESHIP SERVED

EMPLOYED AT PRESENT?

NONE

HOW LONG SINCE LAST EMPLOYMENT?

1953

PREVIOUSLY EMPLOYED HERE?

NO

FROM

TO

DEPT.

WHAT PHYSICAL DEFECTS HAVE YOU?

NONE

ARE YOU RELATED

TO ANYONE IN OUR EMPLOY? (Who and How)

No

BANK ACCOUNTS:

INSURANCE CARRIED: LIFE \$

HEALTH \$

ACCIDENT \$

EVER BEEN BONDED, AND FOR WHAT AMOUNT \$

BY WHOM EMPLOYED AT TIME?

PREVIOUS EMPLOYMENT (Last position first)

	From	To	Name and Address of Employer	Position	Rate of Pay	Reason for Leaving
1.	1950	52	WORKED IN JAPAN FOR	FATHER		
2.						
3.						
4.						

CHARACTER REFERENCES (People who know you well, either personally or in business)

1. NAME

ADDRESS

PHONE

2. NAME

ADDRESS

PHONE

3. NAME

ADDRESS

PHONE

IN CASE OF ACCIDENT NOTIFY: NAME

ADDRESS

PHONE

SIGNATURE OF APPLICANT

DATE

19